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Quality of Care and Outcomes Assessment

VARIABILITY IN PATIENT MISPERCEPTIONS ON THE INDICATION AND BENEFITS OF PCI IN STABLE CORONARY ARTERY DISEASE WITHIN AND ACROSS CENTERS

Moderated Poster Contributions

Poster Sessions, Expo North

Saturday, March 09, 2013, 3:45 p.m.-4:30 p.m.

Session Title: Enhancing Value in Coronary Intervention and Myocardial Infarction Care

Abstract Category: 28. Quality of Care and Outcomes Assessment

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Background: Studies have shown that many stable coronary artery disease (CAD) patients misperceive the indication and benefits of percutaneous coronary intervention (PCI). No estimates of the generalizability of these misperceptions or how these vary across several institutions, or providers, are available.

Methods: We prospectively interviewed 1,005 stable CAD patients out of a total of 3,303 patients enrolled in the PRISM study who had an elective PCI done by 135 providers across 10 centers to examine their understanding on the indication and benefits of their procedure.

Results: Only 1.1 % of the 992 respondents noted that PCI would only decrease angina symptoms. After adjustment for patient factors, Median Odds Ratio (MOR) demonstrated substantial variability between sites, but little variability across operators at a given site (Table).

Conclusion: The overwhelming majority of stable CAD patients undergoing an elective PCI do not have a clear understanding of its benefits. However, the fact that there is significant variability in patient perceptions across sites, but not across providers within a site, suggests that institutional culture plays a dynamic role in the communication of the indications and benefits of PCI. Site-level interventions may serve as a promising strategy for improvement in the complex communication process loop between stable CAD undergoing PCI and their providers.

| | Study Average | Site Range | Median Odds Ratio* | |
|--|---------------|------------|--------------------|-------------------------------|
| | | | Between Sites | Between Operators within Site |
| Perceived benefit of PCI | | | | |
| Extend life | 90% | 80 - 97% | 1.45 | 1.24 |
| Prevent a future MI | 88% | 79 - 97% | 1.65** | 1.32 |
| Save life | 69% | 31 - 85% | 2.11** | 1.00 |
| Decrease angina symptoms | 67% | 52 - 87% | 1.25 | 1.00 |
| Improve abnormality | 52% | 32 - 68% | 1.42** | 1.19 |
| Other | 8% | 0 - 23% | 3.32** | 1.56 |
| Believed procedure was emergent | 20% | 4 - 40% | 2.02** | 1.16 |
| *Adjusted for patients' age, sex, race, marital status, education, insurance, financial burden, smoking status, health status (SAQ), dyspnea, and prior MI/PCI/CABG. | | | | |
| **p<0.05 | | | | |